

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH - COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED - STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marydel</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Marydel</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (First) <u>Mattie</u> (Middle) <u>Alexander</u> (Last) <u>Alexander</u>		4. DATE OF DEATH (Month) <u>3</u> (Day) <u>25</u> (Year) <u>51</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>1/18/1877</u>
9. AGE last birthday <u>74</u> yrs.		10. If under 1 year Months <u>24</u> Days <u>14</u> Hours <u>51</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Walls</u>		14. MOTHER'S MAIDEN NAME <u>No Record</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Howard Bickling Marydel, Maryland</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1951, to Mar. 25, 1951, that I last saw the deceasedalive on Mar. 15, 1951, and that death occurred at 2:50 P.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMAINS (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

STATE DEPARTMENT OF HEALTH

NAME OF DECEASED

SEX

AGE

DATE OF BIRTH

PLACE OF BIRTH

US CITIZENSHIP

EDUCATION

RELIGION

ETHNIC ORIGIN

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF BURIAL PLACE

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF INTERMENT PLACE

DATE OF CREMATION

PLACE OF CREMATION

NAME OF CREMATION PLACE

DATE OF URN INTERMENT

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RECEIVED

APR 5 1951

BUREAU 7. B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02420

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH-
COUNTY

Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL and
OR give nearest town)
TOWN Rural RidgelyLENGTH OF STAY
(in this place)
LifeHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

None

2. USUAL RESIDENCE (HOME) OF DECEASED-
STATE

Maryland

COUNTY Caroline

CITY (If outside corporate limits, write RURAL and give nearest town)
OR
TOWN Rural RidgelySTREET ADDRESS (If rural, give location)
None3. NAME OF
DECEASED
(Type or Print)

(First)

Sarah

(Middle)

Jane

(Last)

Bailey

4. DATE

(Month)

(Day)

(Year)

OF
DEATH 3

23

1951

5. SEX

F.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify)

Widowed

8. DATE OF BIRTH

12/25/1874

9. AGE last birthday

76

If under 1 year If under 24 hrs.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT
COUNTRY?

U.S.A.

13. FATHER'S NAME

James Wilson

14. MOTHER'S MAIDEN NAME

Julia Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of
service)

No

16. SOCIAL SECURITY No.

None

17. INFORMANT AND ADDRESS

Anna Davenport Ridgely, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Antecedent cause(s)

Disease or conditions, if any,
giving rise to the above cause
stating the underlying cause last

(b)

(c)

INTERVAL BETWEEN
ONSET AND DEATH11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not
related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐21. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,
OF office bldg., etc.)
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)
OF INJURY m.INJURY OCCURRED
While at Not While
Work ☐ At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1951, to Mar. 23, 1951, that I last saw the deceased

alive on Mar. 22, 1951, and that death occurred at 3:25 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION
REMOVAL (Specify)

Burial

DATE THEREOF

3/26/51

NAME OF CEMETERY OR CREMATORY

Hamond town

LOCATION (City, town, or county)

Easton, Maryland

(State)

DATE REC'D BY LOCAL
REG.

March 26, 1951

REGISTRAR'S SIGNATURE

Mary E. Laird

24. FUNERAL DIRECTOR

R. B. Rawlings Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2011 W. Charles Street, Baltimore

CERTIFICATE OF DEATH

File No.

1. NAME OF DECEASED (Print Name)
STATE

DATE OF DEATH

2. SEX (Print Name)
COUNTY

3. PLACE OF DEATH

4. CITY (Print Name)
STREET

5. ZIP CODE

6. OCCUPATION (Print Name)

7. CAUSE OF DEATH

8. PLACE OF BIRTH (Print Name)
COUNTY

9. DATE OF BIRTH

10. SEX (Print Name)
COUNTY

11. PLACE OF DEATH

12. CITY (Print Name)
STREET

13. ZIP CODE

14. OCCUPATION (Print Name)

15. CAUSE OF DEATH

16. PLACE OF BIRTH (Print Name)
COUNTY

17. DATE OF BIRTH

18. SEX (Print Name)
COUNTY

19. PLACE OF DEATH

20. CITY (Print Name)
STREET

21. ZIP CODE

22. OCCUPATION (Print Name)

23. CAUSE OF DEATH

24. PLACE OF BIRTH (Print Name)
COUNTY

25. DATE OF BIRTH

26. SEX (Print Name)
COUNTY

27. PLACE OF DEATH

28. CITY (Print Name)
STREET

29. ZIP CODE

30. OCCUPATION (Print Name)

31. CAUSE OF DEATH

32. PLACE OF BIRTH (Print Name)
COUNTY

33. DATE OF BIRTH

34. SEX (Print Name)
COUNTY

35. PLACE OF DEATH

36. CITY (Print Name)
STREET

37. ZIP CODE

38. OCCUPATION (Print Name)

39. CAUSE OF DEATH

40. PLACE OF BIRTH (Print Name)
COUNTY

41. DATE OF BIRTH

42. SEX (Print Name)
COUNTY

43. PLACE OF DEATH

44. CITY (Print Name)
STREET

45. ZIP CODE

46. OCCUPATION (Print Name)

47. CAUSE OF DEATH

48. PLACE OF BIRTH (Print Name)
COUNTY

49. DATE OF BIRTH

50. SEX (Print Name)
COUNTY

51. PLACE OF DEATH

52. CITY (Print Name)
STREET

53. ZIP CODE

54. OCCUPATION (Print Name)

55. CAUSE OF DEATH

56. PLACE OF BIRTH (Print Name)
COUNTY

57. DATE OF BIRTH

58. SEX (Print Name)
COUNTY

59. PLACE OF DEATH

60. CITY (Print Name)
STREET

61. ZIP CODE

62. OCCUPATION (Print Name)

63. CAUSE OF DEATH

64. PLACE OF BIRTH (Print Name)
COUNTY

65. DATE OF BIRTH

66. SEX (Print Name)
COUNTY

67. PLACE OF DEATH

68. CITY (Print Name)
STREET

69. ZIP CODE

70. OCCUPATION (Print Name)

71. CAUSE OF DEATH

72. PLACE OF BIRTH (Print Name)
COUNTY

73. DATE OF BIRTH

74. SEX (Print Name)
COUNTY

75. PLACE OF DEATH

76. CITY (Print Name)
STREET

77. ZIP CODE

78. OCCUPATION (Print Name)

79. CAUSE OF DEATH

80. PLACE OF BIRTH (Print Name)
COUNTY

81. DATE OF BIRTH

82. SEX (Print Name)
COUNTY

83. PLACE OF DEATH

RECEIVED

SEP 29 1951

BLAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02421

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>md</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) <u>ANNA</u> (Middle) <u>NONE</u> (Last) <u>BOCZON</u>		4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>4</u> (Year) <u>1951</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>single</u>	8. DATE OF BIRTH <u>Sept. 2, 1940</u> 10 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>elementary</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>
13. FATHER'S NAME <u>JACOB BOCZON</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		14. MOTHER'S MAIDEN NAME <u>PAULINE BLAZEJAK</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT AND ADDRESS <u>Jacob Boczon, Denton, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Laryngeal Diphtheria

INTERVAL BETWEEN ONSET AND DEATH

3 days

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, OF office hldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Mar. 3, 1951, to Mar 4, 1951, that I last saw the deceasedalive on Mar. 4, 1951, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Mar 7, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Soley Cross</u>	LOCATION (City, town, or county) <u>Denton, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>3/5/51</u>	REGISTRAR'S SIGNATURE <u>Md. O. George</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore</u>	ADDRESS <u>Denton, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1961
CRAIG A. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02422

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u> TOWN <u>Federalburg</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>214 Denton Road</u>		MARYLAND LENGTH OF STAY (in this place) <u>2 years</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg</u> TOWN <u>Federalburg</u> STREET ADDRESS (If rural, give location) <u>214 Denton Road</u>	
3. NAME OF DECEASED (Type or Print) <u>Robert</u> (First) <u>Edward</u> (Middle) <u>Dickerson</u> (Last)		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>16</u> (Year) <u>1951</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 18, 1895</u>	9. AGE last birthday <u>65</u> yrs.	If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pinning Room Waiter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Atlantic Coast Line R.R.</u>		11. BIRTHPLACE (State or foreign country) <u>Federalburg, Maryland</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joshua N. Dickerson</u>		14. MOTHER'S MAIDEN NAME <u>Sarah E. Holland</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>718-12-2010</u>		17. INFORMANT AND ADDRESS <u>Frank Dickerson, Federalburg, Maryland</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>490x</u> <u>108</u> <u>Labar Pneumonia</u>		<u>3-10-51</u>
Antecedent cause(s) (b) <u>acute bronchitis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		<u>Mar. 1, 1951</u>
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1, 1951, to Mar. 16, 1951, that I last saw the deceased alive on Mar. 16, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE H. K. Small, M.D. (Degree or title) ADDRESS Denton, Md. DATE SIGNED Mar. 20, 1951

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 20, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Federal Hill Cemetery</u>	LOCATION (City, town, or county) <u>Federalburg, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>March 20, 1951</u>	REGISTRAR'S SIGNATURE <u>J. J. Frampton</u>	24. FUNERAL DIRECTOR <u>J. J. Frampton and Son</u>	ADDRESS <u>Federalburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

784506

RECEIVED
MAR 28 1961
BUREAU A. B.

MARYLAND STATE DEPARTMENT OF HEALTH

02423

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg - Rural</u> TOWN <u>Federalburg - Rural</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Houston Branch Road</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalburg - Rural</u> TOWN <u>Federalburg - Rural</u> STREET ADDRESS (If rural, give location) <u>Houston Branch Road</u>	
3. NAME OF DECEASED (Type or Print) <u>Nathaniel</u> (First) <u>Frampton</u> (Middle) <u>Frampton</u> (Last)		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>26</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 29, 1880</u> 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Press Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Maryland Plastics</u>	11. BIRTHPLACE (State or foreign country) <u>Caroline County, Maryland</u>
13. FATHER'S NAME <u>Charles Frampton</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>220-16-7688</u>	
		17. INFORMANT <u>Mrs. Nathaniel Frampton, Federalburg, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Chronic Nephritis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Same

(c)

INTERVAL BETWEEN ONSET AND DEATH

37 mos -II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Samuel George

M.D., Deputy Medical Examiner, Denton, Maryland

3/27/51

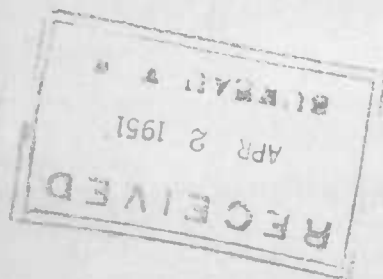
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>March 28, 1951</u>	<u>Hill Crest Cemetery</u>	<u>Federalburg, Maryland</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>March 27, 1951</u>	<u>J. J. Frampton</u>	<u>J. J. Frampton and Son,</u>	<u>Federalburg, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

690469



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

02424

1. PLACE OF DEATH- COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>221 Maple Avenue</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Federalsburg</u> TOWN STREET ADDRESS (If rural, give location) <u>221 Maple Avenue</u>	
3. NAME OF DECEASED (First) <u>Lewis</u> (Middle) <u>E.</u> (Last) <u>Hallowell</u>		4. DATE OF DEATH (Month) <u>March</u> (Day) <u>19</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9, 1893</u>
9. AGE last birthday <u>58</u> yrs.		10. If under 1 year Months <u> </u> Days <u> </u> If under 24 hrs. Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Holt Oil Co.</u>	
11. BIRTHPLACE (State or foreign country) <u>Dorchester County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John W. Hallowell</u>		14. MOTHER'S MAIDEN NAME <u>Bettie Stewart</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-03-9643</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Lewis E. Hallowell, Federalsburg, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Coronary Thrombosis. Immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerotic Heart Disease 1-13-50

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT (Specify) <u>SUICIDE</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY <u> </u> m.	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1-13, 1950, to 3-19, 1951, that I last saw the deceased alive on 3-19, 1951, and that death occurred at 10 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>	DATE THEREOF <u>March 22, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Hill Crest Cemetery</u>	LOCATION (City, town, or county) <u>Federalsburg, Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>March 21, 1951</u>	REGISTRAR'S SIGNATURE <u>J. J. Frampton</u>	24. FUNERAL DIRECTOR ADDRESS <u>J. J. Frampton and Son, Federalsburg, Md.</u>		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

683 618

RECEIVED
MAR 28 1961
BUREAU A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 61

02425

1. PLACE OF DEATH: <u>Riverside Conch. Home</u> COUNTY <u>Anne Arundel Co. - Greensboro</u> MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) <u>GREENSBORO</u> TOWN <u>241-3 me</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Riverside Conch.</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Dorchester</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>GREENSBORO</u> TOWN <u>241-3 me</u> STREET ADDRESS (If rural give location) <u>241-3 me</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Mary</u> (Middle) <u>Hudson</u> (Last) <u>Harper</u>	4. DATE OF DEATH (Month) <u>3</u> (Day) <u>10</u> (Year) <u>1951</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-21-1912</u>
9. AGE last birthday <u>38</u> yrs.	If under 1 year Months <u>3</u> Days <u>10</u>	If under 24 hrs. Hours <u>19</u> Min. <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>MD</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13. FATHER'S NAME <u>Robert Fletcher</u>		14. MOTHER'S MAIDEN NAME <u>Margaret Carroll</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If year, give war or dates of service)		16. SOCIAL SECURITY No. <u>1-1-1-1-1-1-1-1-1-1</u>	
17. INFORMANT <u>Robert H. Harper</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
422.1 Immediate cause (a) <u>Chronic Myocarditis</u>					
93d Antecedent cause(s) (b) <u>Chronic Coronary Arteriosclerosis</u>					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic Coronary Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1948</u> , to <u>Mar. 10, 1951</u> , that I last saw the deceased alive on <u>Mar. 9, 1951</u> , and that death occurred at <u>3 A.M.</u> , from the causes and on the date stated above.					
SIGNATURE <u>Charles H. Stoeney M.D.</u> (Degree or title)		ADDRESS <u>Greensboro, Md.</u>		DATE SIGNED <u>3-10-51</u>	
23. BURIAL, CREMATION REMOVAL (Specify)		DATE <u>Mar 14 1951</u>		NAME OF CEMETERY OR CREMATORY <u>Sturlock</u>	
LOCATION (City, town, or county) (State)		DATE REC'D BY LOCAL REG. <u>Mar 12-1951</u>		REGISTRAR'S SIGNATURE <u>L. M. Pippin</u>	
24. FUNERAL DIRECTOR <u>G. B. Killough</u>		ADDRESS <u>East New Market</u>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
WASHINGTON, D. C.

RECEIVED
JAN 13 1961
BUREAU OF PUBLIC HEALTH
WASHINGTON, D. C.

RECEIVED
JAN 13 1961
BUREAU OF PUBLIC HEALTH
WASHINGTON, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02426

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (In this place) <u>10</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u> TOWN STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>SARAH</u>		(First) <u>E.</u>		(Last) <u>IRELAND</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, <u>WIDOWED</u> (Specify)	8. DATE OF BIRTH <u>June 3, 1867</u>	4. DATE OF DEATH (Month) <u>MARCH</u> (Day) <u>3</u> (Year) <u>1951</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	9. AGE last birthday <u>83</u> yrs.	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>	
13. FATHER'S NAME <u>George Parks</u>		14. MOTHER'S MAIDEN NAME <u>Caroline Harrison</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT AND ADDRESS <u>Mr. Robert Ireland, Denton, Ind</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause <u>592x</u> <u>Cerebral Hemorrhage - Ruptured Aneurysm</u>		
Antecedent cause(s) <u>131a</u> <u>Arteriosclerosis - Under Vascular Disease</u>		
(c) <u>Chronic Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Feb 5, 1951, to Mar 3, 1951, that I last saw the deceased alive on Mar 3, 1951, and that death occurred at 7 P m., from the causes and on the date stated above.

SIGNATURE Charles H. Harrison M.D. ADDRESS Greenbush Road Denton Ind DATE SIGNED Mar 6 1951

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Mar 6, 1951 NAME OF CEMETERY OR CREMATORY Greenbush LOCATION (City, town, or county) (State) 1 mile S.W. Ind.

DATE REC'D BY LOCAL REG. 3/6/51 REGISTRAR'S SIGNATURE Dr. D. George 24. FUNERAL DIRECTOR J. Virgil Hoover Sen ADDRESS Denton, Ind

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 13 1951
RICHARD A. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

02427

1. PLACE OF DEATH- COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ridgely</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Ridgely</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>William</u>	(Middle) <u>Henry</u>	(Last) <u>Ireland</u>
4. DATE OF DEATH	(Month) <u>March</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 18, 1886</u>
9. AGE last birthday <u>65</u> yrs.		10. KIND OF BUSINESS OR INDUSTRY <u>Bicycles</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John F. Ireland</u>		14. MOTHER'S MAIDEN NAME <u>Martha W. Downs</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. Helen Ireland-Ridgely, Md.</u>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a)

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Mar. 1, 1951, to Mar. 15, 1951, that I last saw the deceasedlive on March 15, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>March 18</u>	<u>Denton</u>	<u>Denton, Maryland</u>

DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>March 18, 51</u>	<u>Mary E. Laird</u>	<u>Edgar L. Lane--Church Hill, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

690-379

RECEIVED
MAR 31 1951
BUREAU OF
NAVY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02428

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Ind</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>11</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>MARY</u>	(Middle) <u>KEMP</u>	(Last) <u>JOINER</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 2, 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerical</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Teacher</u>	8. DATE OF BIRTH <u>Dec 7, 1901</u>	9. AGE last birthday <u>49</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Ind</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>	13. FATHER'S NAME <u>A. D. Price</u>	
14. MOTHER'S MAIDEN NAME <u>Gertrude Works</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Walter Joiner, Denton, Ind</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

443x Immediate cause (a) Cerebral HemorrhageAntecedent cause(s) (b) Chronic hypertension & hyperlipidemia131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Chronic MyocarditisII. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Mar. 1, 1951, to Mar. 2, 1951, that I last saw the deceased alive on Mar. 2, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

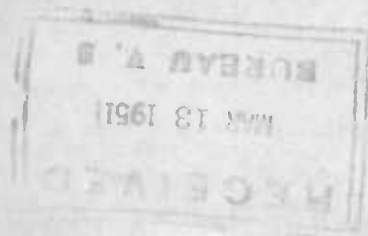
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>Mar. 4, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Denton</u>	LOCATION (City, town, or county) <u>Denton Maryland</u>	(State)
DATE REC'D BY LOCAL REG. <u>3/3/51</u>	REGISTRAR'S SIGNATURE <u>W. D. George</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore & Son, Denton, Ind</u>	ADDRESS	

490687

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. **64**

02429

1. PLACE OF DEATH- COUNTY Caroline MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Md. Caroline COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) Federalburg,		CITY (If outside corporate limits, write RURAL and give nearest town) Federalburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.		STREET ADDRESS (If rural, give location) R.F.D.	
3. NAME OF DECEASED (Type or Print) William J. Lane		4. DATE OF DEATH March 15, 1951	
5. SEX male	6. COLOR OR RACE white	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> (Specify)	8. DATE OF BIRTH April 28, 1879 71 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY farmer	
11. BIRTHPLACE (State or foreign country) Dorchester Co.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Lane		14. MOTHER'S MAIDEN NAME Helena Charles	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. no	
17. INFORMANT AND ADDRESS Mrs. W. J. Lane Federalburg, Md.			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Gastric Remorrhage		
Antecedent cause(s) (b) Carcinoma of the stomach		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease		
19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	PLACE (Home, farm, factory, street, office bldg., etc.) NONE	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY NONE	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR? NONE

22. I hereby certify that I attended the deceased from **22 Oct., 1950**, to **15 March, 1951**, that I last saw the deceased alive on **15 March, 1951**, and that death occurred at **6:10 A.M.**, from the causes and on the date stated above.

SIGNATURE John C. Rawlins		ADDRESS MD Federalburg, Md		DATE SIGNED 17 March 51
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF 3/18/51	NAME OF CEMETERY OR CREMATORY Bethel Cemetery	LOCATION (City, town, or county) (State) near Federalburg, Md.	
DATE REC'D BY LOCAL REG. March 17, 1951	REGISTRAR'S SIGNATURE Everett Kettle, Deputy	24. FUNERAL DIRECTOR ADDRESS J. Harvey Williamson Federalburg, Md.		

J. Harvey Williamson 100105 Md.

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02430

Reg. Dist. No. 61

1. PLACE OF DEATH:

County... Caroline
City or town... Greensboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

Park Street

How long in hospital or institution?

None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... Maryland County... CarolineCity or town... Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. Park St.
(If rural, give LOCATION)2.(a) If veteran, name war None

3.(a) FULL NAME

Mary Mosley

3.(b) Social Security Number

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female Colored Widowed6.(b) Name of husband or wife Widowed7. Birth date of deceased (mo., day, yr.) March 25 1875 1880

8. AGE: Years Months Days If less than one day

70 75 11 hrs. min.9. Birthplace... Delaware
(Town, county, and state)10. Usual occupation... House work11. Industry or business Self12. Name... John Mosley13. Birthplace... Delaware14. Maiden name... Elechia B. Smith15. Birthplace... Greensboro Md.16. Informant... Elechia B. SmithAddress... Greensboro, Md.17. Burial Date thereof March 20/51
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory... Fork BranchLocation... Cheswold Delaware18. Funeral director... Calvin ClarkAddress... Dover Delaware19. Mar 17 1951 L. M. Pappas
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17 1951 at 5 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Nov. 10 1950 to Mar. 17 1951and that I last saw him alive on Mar. 16 1951Immediate cause of death Carcinoma of Colon

Due to

Due to

Other conditions Chronic Influenza
Chronic myocarditis
(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. PappasAddress Greensboro MdDate signed March 17 1951

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

WASHINGTON, D. C. 20535



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02431

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH- COUNTY <u>Cecil</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Cecil</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Greensboro, Md.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>near Greensboro, Md.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>Albert</u> (First) <u>E.</u> (Middle) <u>Shields</u> (Last)		4. DATE OF DEATH <u>Mar.</u> (Month) <u>21</u> (Day) <u>1951</u> (Year)	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 10, 1885</u> 85 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u> <u>owner</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <u>5</u> If under 1 year Months <u>5</u> Days <u>20</u> Hours <u>20</u> Min.
13. FATHER'S NAME <u>Frank Shields</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Maryland</u> <u>Isabel Warren</u>	
16. SOCIAL SECURITY No.		17. INFORMANT AND ADDRESS <u>Albert Shields, Jr. Greensboro, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

442X Antecedent cause(s)
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(a) Exhaustion
(b) Cardio-Vascular Renal Changes
(c) Age

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from March 16, 1951, to March 21, 1951, that I last saw the deceased

alive on March 21, 1951, and that death occurred at 5:15 m., from the causes and on the date stated above.

SIGNATURE A. J. Selmer (Degree or title)

ADDRESS Goldboro, Md. DATE SIGNED

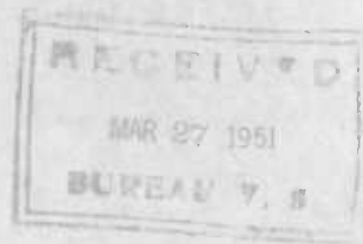
23. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>Mar. 25, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>St. Paul's Cemetery</u>	LOCATION (City, town, or county) <u>near Greensboro, Md.</u>	(State) <u>Md.</u>
DATE REC'D BY LOCAL REG. <u>Mar. 24-1951</u>	REGISTRAR'S SIGNATURE <u>L. M. Pappin</u>	24. FUNERAL DIRECTOR <u>J. Regil Moore</u>	ADDRESS <u>near Greensboro, Md.</u>	

100105

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Denton</u> TOWN <u>Denton</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Ind.</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural - Denton</u> TOWN <u>Denton</u> STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>MARTIN</u> (First) <u>BATES</u> (Middle) <u>SMITH</u> (Last)		4. DATE OF DEATH <u>MARCH 10</u> (Month) <u>10</u> (Day) <u>1951</u> (Year)	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Specified</u>	8. DATE OF BIRTH <u>Feb. 2, 1875</u>
9. AGE last birthday <u>76</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lab. worker</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13. FATHER'S NAME <u>James. Smith</u>		14. MOTHER'S MAIDEN NAME <u>unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>George Smith, R.F.D. Denton, Ind.</u>	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Shock - Multiple Fractures</u>		<u>Immediate</u>
Antecedent cause(s) (b) <u>812.5</u> <u>1700</u> Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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21. ACCIDENT (Specify) <u>accident</u>	PLACE (Home, farm, factory, street, office bldg., etc.) <u>Highway</u>	(CITY OR TOWN) <u>Rural Denton</u>	(COUNTY) <u>Caroline</u>	(STATE) <u>Ind.</u>
TIME (Month) (Day) (Year) (Hour) OF INJURY <u>Mar. 10 1951, 3:45 P.M.</u>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? <u>Ran down by automobile on highway</u>		

22. I hereby certify that I attended the deceased from Denton where I saw him, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 3:45 P.M., from the causes and on the date stated above.

SIGNATURE <u>Lawson George Drury Medical Examiner Denton Ind.</u>		ADDRESS <u>Burrsville, Maryland</u>		DATE SIGNED <u>8/13/51</u>
23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE THEREOF <u>Mar. 14, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Wesley Churchyard</u>	LOCATION (City, town, or county) <u>Burrsville, Maryland</u>	(State) <u>Ind.</u>
DATE REC'D BY LOCAL REG. <u>3/13/51</u>	REGISTRAR'S SIGNATURE <u>W.D. George</u>	24. FUNERAL DIRECTOR <u>George Moore, Denton, Ind.</u>		

820105

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1951
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02433

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH- COUNTY <u>Caroline</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Caroline</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg - Rural</u>		LENGTH OF STAY (in this place) <u>63 years</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Federalsburg - Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Near Tanyard</u>				STREET ADDRESS <u>Near Tanyard</u>	
3. NAME OF DECEASED (Type or Print) <u>Frank</u>		(Middle) <u>W.</u>		(Last) <u>Wagner</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 19, 1858</u>	9. AGE last birthday <u>92</u> yrs.	4. DATE (Month) (Day) (Year) OF DEATH <u>March 5 1951</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Owner</u>		11. BIRTHPLACE (State or foreign country) <u>Berwick, Pennsylvania</u>	
13. FATHER'S NAME <u>Edward Wagner</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>		17. INFORMANT AND ADDRESS <u>Mrs. J. Francis Turpin, Federalsburg, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Heart Failure (old age)

INTERVAL BETWEEN ONSET AND DEATH

Gradual

Antecedent cause(s)

(b)

Generalized Arteriosclerosis

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 1927, 19....., to Mar 5th 1951, that I last saw the deceased alive on Mar 5th 1951, and that death occurred at 11 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>March 7, 1951</u>	NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery</u>	LOCATION (City, town, or county) <u>Near Federalsburg, Md.</u>	(State)
DATE REC'D BY LOCAL REG. <u>March 6, 1951</u>	REGISTRAR'S SIGNATURE <u>S. J. Frampton</u>	24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		

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VS. A15

100105

RECEIVED
MAR 9 1951
BIOGRAPHY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

02434

Reg. Dist. No. 62

1. PLACE OF DEATH- CITY (If outside corporate limits, write RURAL and give nearest town) TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS (If rural, give location)	
Caroline Rural Denton None		Maryland Caroline Rural Denton None	
3. NAME OF DECEASED (Type or Print) Mary Elizabeth Woodward		4. DATE OF DEATH 3 27 51	
5. SEX F. White		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH 11/28/1863	
9. AGE last birthday 87 yrs.		10. AGE last birthday 87 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13. FATHER'S NAME William E. Fluehardy		14. MOTHER'S MAIDEN NAME Efflender Frazier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Bernace Evans Owens Mills, Md.			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour) m.		INJURY OCCURRED While at Work Not While At work	
HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from Nov. 5, 1950, to Mar. 27, 1951, that I last saw the deceased alive on Mar. 26, 1951, and that death occurred at 10:10 P.M., from the causes and on the date stated above.			
SIGNATURE Charles H. Frazier M.D.		DATE SIGNED Mar. 30/1951	
23. BURIAL, CREMATION, REMOVAL (Specify)		LOCATION (City, town, or county) (State)	
Burial		Easton, Maryland	
DATE REC'D BY LOCAL REG. 3/30/51		REGISTRAR'S SIGNATURE R.B. Rawlings Greenboro, Md.	

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UNITED STATES DEPARTMENT OF HEALTH

AND PUBLIC WELFARE

STATEMENT OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

CHILDREN

DECEASED'S SIGNATURE

DECEASED'S ADDRESS

DECEASED'S PHONE NUMBER

DECEASED'S SOCIAL SECURITY NUMBER

DECEASED'S MARITAL STATUS

DECEASED'S RACE

DECEASED'S SEX

DECEASED'S HEIGHT

DECEASED'S WEIGHT

DECEASED'S HAIR COLOR

DECEASED'S EYE COLOR

DECEASED'S COMPLEXION

DECEASED'S BUILD

RECEIVED

APR 5 1951

BI READ Y. S